

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514 Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704 Website: www.azmd.gov • Email: renewals@azmd.gov

IF YOUR LICENSE NUMBER WAS RANDOMLY SELECTED FOR CME AUDIT YOU MUST SUBMIT EVIDENCE OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES **DURING CALENDAR YEARS 2006 AND 2007 WITH YOUR RENEWAL**

In order to maintain a medical license in the State of Arizona, per Arizona Administrative Code R-4-16-101, revised February 2002, you are required to complete at least forty (40) hours of continuing medical education during the two calendar years preceding biennial registration.

Please complete the bottom portion of this form to identify your participation in approved continuing medical education activities during calendar years 2006 and 2007, and attach evidence and/or copies of documentation of all those activities.

Please refer to Arizona Administrative Rule R4-16-102 to identify statutorily approved CME activities. Statutes and rules are included in your medical directory and are also available on our web site www.azmd.gov

RECORD OF CME ACTIVITY – CALENDAR YEARS 2006 AND 2007

Dates	Type of CME Activity	# of Credit Hours
I attest that the above is a true and correct representation of the Continuing Medical Education I completed during calendar years 2006 and 2007.		
Signature		Date
Name (Please print)		License #

THIS FORM MUST BE RETURNED WITH YOUR CME DOCUMENTATION